

1-25-05

Docket No.: 01313/100G952-US2

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

James Gross et al.

Application No.: 09/774,248

Filed: January 30, 2001

For: ABSORBENT PRODUCTS WITH IMPROVED

VERTICAL WICKING AND REWET

**CAPABILITY** 

Confirmation No.: 9852

Art Unit: 3761

Examiner: Michele M. Kidwell

## REQUEST FOR ORAL HEARING

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

11/28/2005 TBESHAH1 00000002 09774248

01 FC:1403

Applicant hereby requests an oral hearing in the above-identified matter.

Our check in the amount of \$1,000.00 covering the fee set forth in 37 CFR 41.20(b)(3) is enclosed. The Commissioner is authorized to charge any deficiency of up to \$300.00 or credit any excess in this fee to Deposit Account No. 04-0100.

Dated: November 22, 2005

1000.00 GP

Respectfully submitted,

Sandra S. Lee

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PTO/SB/17 (12-04v2)
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| Effective on 12/08/2004.  |               |                 |            | Complete if Known                     |             |                          |                       |            |  |
|---|---------------|-----------------|------------|---------------------------------------|-------------|--------------------------|-----------------------|------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |               |                 |            | Application Number 09/7               |             | 09/774,248-C             | 1/774,248-Conf. #9852 |            |  |
| FEE TRANSMITTAL   |               |                 |            | Filing Date                           | ·           | January 30, 2001         |                       |            |  |
|   |               |                 |            | First Named Inv                       | entor       | James R. Gross           |                       |            |  |
| For FY 2005   |               |                 |            | Examiner Name Michele M. H            |             | Michele M. Ki            | dwell                 |            |  |
| Applicant claims small entity status. See 37 CFR 1.27   |               |                 |            | Art Unit 3761                         |             |                          |                       |            |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,000.00   |               |                 |            | Attorney Docket No. 01313/100G952-US2 |             |                          |                       |            |  |
| METHOD OF PAYMENT (check all that apply)  |               |                 |            |                                       |             |                          |                       |            |  |
| x Check Credit Card Money Order None Other (please identify):   |               |                 |            |                                       |             |                          |                       |            |  |
| Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.  |               |                 |            |                                       |             |                          |                       |            |  |
| For the above-identifie   | d deposit a   | count, the D    | irector is | hereby authorize                      | d to: (ch   | eck all that apply       | )                     |            |  |
| Charge fee(s) inc   | dicated belo  | w               |            | Charge                                | e fee(s) ir | ndicated below, e        | except for the fi     | ling fee   |  |
| x Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   |               |                 |            |                                       |             |                          |                       |            |  |
| FEE CALCULATION   |               |                 |            |                                       |             |                          |                       |            |  |
| 1. BASIC FILING, SEARCH, A  | ND EXAM       | NATION FEE      | S          |                                       |             |                          |                       |            |  |
|   |               | FEES            | SE         | ARCH FEES                             | EXAM        | NATION FEES              | 3                     |            |  |
| Application Type  | Fee (\$)      | Fee (\$)        | Fee (\$    | Small Entity Fee (\$)                 | Fee (\$)    | Small Entity<br>Fee (\$) | Fees Paid             | (\$)       |  |
| Utility   | 300           | 150             | 500        | 250                                   | 200         | 100                      |                       |            |  |
| Design  | 200           | 100             | 100        | 50                                    | 130         | 65                       |                       |            |  |
| Plant   | 200           | 100             | 300        | 150                                   | 160         | 80                       |                       |            |  |
| Reissue   | 300           | 150             | 500        | 250                                   | 600         | 300                      |                       |            |  |
| Provisional   | 200           | 100             | 0          | 0                                     | 0           | 0                        |                       |            |  |
| 2. EXCESS CLAIM FEES  |               |                 |            |                                       |             |                          |                       | all Entity |  |
| Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025  |               |                 |            |                                       |             |                          |                       |            |  |
| Each independent claim over 3   |               | (Reissues)      |            |                                       |             |                          | 200                   | 100        |  |
| Multiple dependent claims   | ` •           | ,               |            |                                       |             |                          | 360                   | 180        |  |
|   |               |                 |            | aid (\$) Multiple Dependent Claims    |             |                          |                       |            |  |
| -=  | x             | = _             |            |                                       | E           | ee (\$)                  | Fee Paid (\$)         |            |  |
| 1   | _             |                 |            | (4)                                   |             |                          |                       |            |  |
| Indep. Claims Extra Cla   | ims Fe        | <u>e (\$)</u> = | Fee F      | Paid (\$)                             |             |                          |                       |            |  |
| 3. APPLICATION SIZE FEE   | <del></del> ^ |                 |            |                                       |             |                          |                       |            |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer   |               |                 |            |                                       |             |                          |                       |            |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |               |                 |            |                                       |             |                          |                       |            |  |
|   | Sheets        |                 |            | dditional 50 or frac                  | tion there  | of Fee (\$)              | Fee Paid              | I (\$)     |  |
| - 100 =   |               | 50              |            | (round up to a who                    | le number   | ) ×                      | =                     |            |  |
| 4. OTHER FEE(S) Fees Paid (\$)  |               |                 |            |                                       |             |                          |                       |            |  |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1403 Request for oral hearing 1,000.00  |               |                 |            |                                       |             |                          |                       |            |  |
|   |               |                 |            |                                       |             |                          |                       |            |  |
| SUBMITTED BY  | D .           |                 |            | Registration No.                      | F4 55       |                          | (040) 505 5           | 705        |  |
| Signature SWW   | tee           |                 |            | (Attorney/Agent)                      | 51,932      |                          | (212) 527-7           |            |  |
| Name (Print/Type) Sandra S. Lee Date November 22, 2005  |               |                 |            |                                       |             |                          |                       |            |  |

| Express Mail Label No. | Dated: |      |
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